Doctors May Prescribe Marijuana

Several doctors across Canada have formed an informal group to press for liberalization of existing drug laws. They intend to do this by prescribing marijuana for patients.

Dr. Lionel Solursh, a psychiatrist at Toronto Western Hospital and a frequent contributor to CANADIAN FAMILY PHYSICIAN, says that while he is not a member of this group he knows of its existence and knows that family physicians are involved. He says he has long thought of prescribing marijuana for patients: "It's not an unusual idea to prescribe cannabis – after all, doctors argue back and forth over the best drug to use for mild sedation. Some even prescribe alcohol, so why not cannabis?" He added that the family physician would be in a good position to follow through on the effects of the drug.

Dr. Solursh says that he would prescribe marijuana for any patient who gave medical indications that the drug would produce a therapeutic effect, but would not prescribe it for someone who was not already a user in case unpleasant side-effects occurred. His prescription would call for cannabis in its botanical form, he said, to be crushed and administered in cigaret form.

News media publicizing Dr. Solursh's opinions have laid stress on the difficulty of getting such prescriptions filled, quoting Food and Drug Directorate officials who say there are no supplies of cannabis in Canadian pharmacies. However, Dr. Solursh told CANADIAN FAMILY PHYSICIAN, "I know of at least one pharmacy in Toronto which has supplies, and others across Canada may have. The number is probably small, but it exists. Why, doctors are prescribing tincture of cannabis every day for removal of warts, so it's conceivable that some pharmacies may have supplies of the drug in botanical form."

Asked whether he had received many requests for marijuana from patients following newspaper reports, Dr. Solursh said that he had not. "And I don't anticipate any either. There's no use me prescribing for any kid who rushes in off the street thinking he's going to get a legal supply of pot. My position is really a very conservative one. It's long been thought that legislation concerning cannabis is more harmful than the drug itself, and if I thought a patient would benefit from the use of cannabis, I would give him a prescription to prevent him being penalized for possession of the drug. He would have to be a user already, however, and there would have to be medical indications arguing the use of cannabis." Some uses would be as a mild sedative, as an appetite stimulant, or in psychotherapy, he added.

Lionel Solursh, MD

Supplies of marijuana available in pharmacies.

Hospital Situation Angers Manitoba Family Physicians

Manitoba family physicians have reacted angrily to the 'closed bed' system now operating in the city's hospitals.

Under the system, non-teaching doctors (usually family physicians) have great difficulty getting beds for their patients in teaching unit hospitals. College member Donald Hastings, MD, maintains that trying to get a hospital bed for a patient is like playing medical musical chairs — family physicians pass on their patients to colleagues with teaching privileges, who then collect the fees. Then, if the teaching doctors are short of beds, they admit patients into non-teaching hospitals where they have courtesy staff privileges. Reporting to the Hunt Commission on Hospital Admissions, Dr. Hastings maintains that this situation will lead to a shortage of family physicians in Manitoba: "I see something disappearing that I and a good many of my colleagues felt was a good way of medical practice." Dr. Hastings added that the Misericordia Hospital General Practitioners' Section, of which he is Chairman, has been trying to get a family medicine teaching unit in the University of Manitoba for about 16 years but with no result.

Winnipeg surgeon Dr. Arthur Lerner further testified to the Commission that teaching appointments are made on a 'buddy system', getting positions for relatives or friends, thereby virtually closing off hospital facilities to all but a certain nucleus of doctors. He said, "It is common knowledge among us that some first-class specialists and general practitioners have come to our community in good faith to practice and, finding their reception in our major hospitals as cold as our winters, have been forced to leave."

The president of the Manitoba Medical Association replied to allegations by family physicians that the Association has not supported them in their hospital admitting problems by saying that representation has been made by the MMA to the hospitals, and that the situation had improved following this. Dr. Otto Schmidt said that he had offered to accompany the president of the College's Manitoba Chapter to see the Dean of Medicine at the University of Manitoba with a view to discussing the creation of a Department of Family Medicine, but that his offer had been ignored.

He also claimed that Manitoban family physicians had agreed to the setting up of teaching units in hospitals, but under questioning admitted that the allocation of teaching beds had more than doubled since the units were set up, even though the number of patients participating in the teaching process had not changed.

Clergy to Study Mental Illness

Clergy in Quebec are to study the problems of mental illness in an attempt to increase the function of the clergy with all people.

A 12-week course in Clinical Pastoral Education, the first accredited program of its kind in Quebec, is underway at Douglas Hospital, Verdun, Que. Students, Roman Catholic seminarians and clergy, form part of the treatment teams on hospital wards. They participate in staff meetings, do case studies and develop interpersonal relationships with patients. Required reading and report preparation is done in the evening.

Fr. Lawrence A. Scyner, administrative chaplain at the hospital and himself a trained CPE supervisor, conducts sensitivity sessions daily with students who learn the fundamentals of creating interpersonal relations. Fr. Scyner is confident that clergy will become more effective in dealing with people when they gain personal insight and have experience in team work with mental health professionals. The course will be offered each year to

Fr. L. A. Scyner
Personal Insight Needed

clergy of all denominations and will be good for one unit of CPE training. Fr. Scyner, an Anglican, has now completed one and a half years training as a Chaplain Supervisor. The hospital hopes to offer part time courses directed by Fr. Scyner consisting of two days training per week for 30 weeks. Previous seminars and part time programs have met with much success, says Fr. Scyner.

Doctors' Earnings: 9.7% Increase

Average earnings for fee-earning physicians in Canada increased by almost ten percent between 1967 and 1968, says a recent report released by Health Minister John Munro.

The average rate of increase between 1958 and 1968 was 7.6 percent, 2.1 percent lower than the 1967-68 increase. Average gross earnings in 1968 were $42,783, an increase of 10.6 percent over the previous year. Average net earnings were $28,615 in 1968. The increase of 9.7 percent is not the highest recorded — in 1967 physicians' income increased by 12.2 percent.

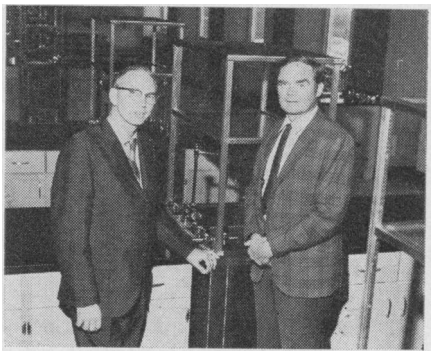
Ontario and Alberta had the highest paid physicians, with net earnings in Ontario being $32,098, in Alberta $33,221. Prince Edward Island physicians had the lowest net earnings — $22,636 in 1968. For doctors earning $15,000 and over, the highest average incomes were in Sudbury, Windsor and London. Next came Edmonton, then Hamilton, Ottawa and Toronto.

Temporary Medical School Completed at University of Calgary

The University of Calgary's temporary medical school facilities at the Foothills Hospital, Calgary, are now open, ready for the 32 Faculty of Medicine students beginning their training at U of C in September.

The school, which houses a seminar room, study areas and a multidisciplinary laboratory, will eventually be located in the new Medical Science Building under construction next to the Hospital. Facilities in this building are expected to be available in 1971.

The multidisciplinary laboratory is a relatively new concept in medical training, allowing theoretical and practical work to be done in one central area. The laboratory is equipped with research areas and has many audio-visual aids, notably specialized recording equipment.



Executive Director of the Foothills Hospital (l) and U of C's dean of medicine in the new lab.

Students can see patients in the Ambulatory Care Centre, which has been leased by the university and is located in the staff house residence. Three family physicians and 17 consultant specialists are on call at the Centre, and students can see patients while under their instructor's supervision.

Library space has also been provided in the same building as the temporary school, so that students will not have to commute back and forth to use library facilities.

GP Shortage in U.K. Considered Critical

According to a report published by the Royal College of General Practitioners, a critical shortage of family physicians could arise in the U.K. within the next 20 or 30 years.

The report shows that although the number of family physicians has remained fairly constant over the years, the years 1963 to 1968 were marked by a decrease of young doctors and an increase in older doctors. Dr. John Fry, one of the team who compiled the report, says that the reason for this is immigration of doctors from India and Pakistan, without whom it has long been felt that the National Health Service would not survive. The only factor now keeping the number of family physicians up to its previous level is the influx of doctors who qualified in countries other than Britain, says Dr. Fry. However, he added, it is encouraging to note that many more doctors are pursuing postgraduate study. There was a 4.1 percent rise in attendance by family physicians at postgraduate courses between 1952 and 1968.

Similar trends in practice in North America and Britain were noticed — more group practices are being formed, less house calls are being made, and the need for health teams combining doctors and allied health personnel is being stressed.

Seven New Programs Approved by AAGP

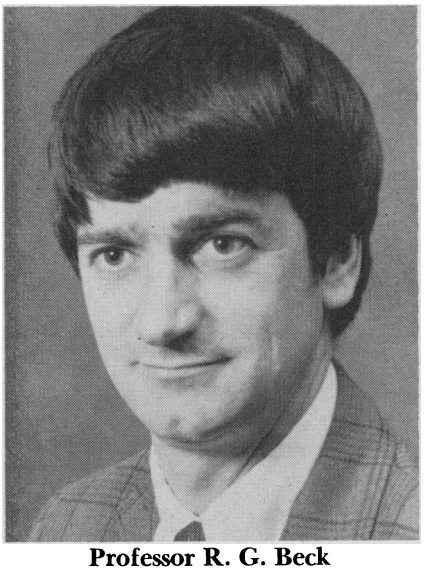
At the June 5 meeting of the Residency Review Committee, American Academy of General Practice, seven new graduate training programs in family practice were approved.

The total number of approved graduate training programs for family physicians in the U.S. now stands at 45. The new programs are at the Good Samaritan Hospital, Phoenix, Arizona, Community Hospital of Sonoma County, Santa Rosa, California, McLennon County Medical Society, Waco, Texas, Creighton University School of Medicine, Omaha, Nebraska, St. Joseph Hospital, Wichita, Kansas, Edward W. Sparrow Hospital, Lansing, Michigan and the Hospital of St. Raphael, New Haven, Connecticut.

Professor to Study Sask. Medicare

Professor R. G. Beck of the Department of Economics and Political Science, University of Saskatchewan, is making a study of the ways various income groups make use of doctors' services in Saskatchewan. He will also study the impact of utilization fees.

This study, the first of its kind



Professor R. G. Beck
Sask. Ideal for Survey

to involve a public medical insurance plan, is receiving financial support from the Department of National Health and Welfare. Professor Beck hopes to complete the study by the fall, when he will submit it as a doctoral thesis for the University of Alberta. Little is known about the factors affecting the use of services under publicly sponsored insurance programs, says Professor Beck, and it has not been proved whether the employment of such devices as waiting periods or excluded items are effective in controlling abuse or over-utilization of these services, or indeed whether programs *would* be over-utilized without these controls.

Saskatchewan is ideal for this kind of research, says Professor Beck, because it has had a public medical care scheme since 1962. A random sample of 54,000 families registered with the Saskatchewan Hospital Services Plan are being used: their income data and use of doctors' services will be processed at the Computation Centre on campus. Professor Beck notes that when utilization fees were adopted in 1968, very few other changes were made in the program, thereby allowing valid comparison of experience before and after their adoption. Professor Beck hopes to determine whether the income barrier was removed when medicare was introduced; if so, how costs increased. He also hopes to find out if utilization fees are a feasible method of controlling costs.

Quebec Medicare Causes Uproar

Family physicians, specialists and Trades Union members are among those who have attacked proposed medicare legislation in Quebec.

Foremost among the seven amendments proposed by the Quebec Federation of General Practitioners is that the clause providing 75 percent coverage for doctors withdrawing from medicare be abolished. Under this clause, doctors withdrawing from medicare would receive a 75 percent reimbursement for services provided that not more than three percent of the doctors in a region or specialty withdrew. Earlier, the Quebec Federation of Medical Specialists refused to sign an agreement with the government until this was amended.

Trades Union leaders objected strongly to the extent of coverage under the new legislation, saying that medicare should cover drugs and that doctors should be salaried. They also demanded that such professional corporations as the Quebec College of Physicians and Surgeons be abolished, and that the government undertake drug research in order to combat high prices in the pharmaceutical industry.

Following these objections, the government has amended the withdrawal clause so that doctors may now withdraw from medicare if they choose, but will not be reimbursed if they do so. Marcel Pepin, president of the Conference of National Trade Unions, says that the change is "a considerable improvement."